

D.I. # _____

CIVIL ACTION**NUMBER:** 07 cv 151 (JJF)U.S. POSTAL SERVICE
REGISTERED MAIL RECEIPT(S)

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Sent To WARDEN TOM CARROLL DELAWARE CORRECTIONAL CENTER Street, Apt. No., or PO Box No. 1181 PADDOCK RD. City, State, ZIP+4 SMYRNA, DE 19977	
PS Form 3800, June 2002 See Reverse for Instructions	



7003 1680 0002 2585 9202